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State of Nebraska  
Investigator's Motor Vehicle Accident Report

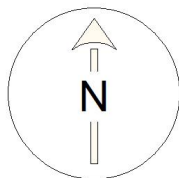
Sheet 1 of 2

|  |  |   |                                    |   |  |   |          |
|--|--|---|------------------------------------|---|--|---|----------|
| 2  | Total Number of Vehicles   | Local No./ District 137                                 | Agency Case No. B5-084693          | HIT & RUN?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   | INVESTIGATION MADE AT SCENE?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                    | L 1   |          |
| A/1<br>01  | DATE OF ACCIDENT   | M M / D D / Y Y Y Y<br>09/12/2015                       |                                    | S M T W TH F S<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |  | STATE USE ONLY<br><br>09/13/2015  |          |
| A/2  | PLACE OF ACCIDENT  | COUNTY Lancaster  | CITY Lincoln                       | POLICE NOTIFIED 2104  | PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |   | LATITUDE |
| B<br>65  | ROAD ON WHICH ACCIDENT OCCURRED  | STREET/ HIGHWAY NO. 400 blk of Mormon Trail             |                                    | ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   | LONGITUDE  |   |          |
| C<br>8   | DISTANCE FROM MILEPOST   | FEET  | N S E W OF MILEPOST                | HIGHWAY NO.   |  |   |          |
| D<br>1   | IF AT INTERSECTION   |   | IF NOT AT INTERSECTION             |   |  |   |          |
|  |  | NAME OF INTERSECTING ROADWAY                            |                                    | <input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES N S E W   |  | OF NEAREST STREET, BRIDGE, RAILROAD CROSSING                            |          |
|  |  | 23.00   |                                    | X   |  | of E curb of 419 Mormon T   |          |
| V1/M<br>20   | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN |   |                                    |   |  |   |          |
| V2/M<br>01   | MILES  | N S E W   | AND MILES                          | N S E W   | OF NEAREST CITY OR TOWN  |   |          |
| E<br>2   | R. WORK ZONE CODES   | R1 R2 R3 R4   | S. PEDESTRIAN CLASSIFICATION CODES | S1 S2 S3 S4 S5-a S5-b S6-a S6-b   | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |   |          |
| VEHICLE NO. 1  |  |   |                                    |   |  |   |          |
| F<br>1   | DRIVER LICENSE NO.   | DRIVER  |                                    |   | STATE (Of License)   | SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE       |          |
| V1/N<br>1  | Unknown  |   |                                    | PHONE   | LOCAL NO.  |   |          |
| V2/N<br>1  | DRIVER ADDRESS   |   |                                    | CITY, STATE, ZIP  | DATE OF BIRTH (MM / DD / YYYY)   |   |          |
| G<br>2   | OWNER  |   |                                    | PHONE   | LOCAL NO.  |   |          |
| Unknown  |  |   |                                    |   |  |   |          |
| OWNER ADDRESS  |  |   |                                    |   |  |   |          |
| Unknown,   |  |   |                                    |   |  |   |          |
| CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO      |  |   |                                    |   |  |   |          |
| CITATION NO.   |  |   |                                    |   |  |   |          |
| H<br>5   | LICENSE PLATE NO.  | Unknown   |                                    |   | YEAR (Plate Expires)   | STATE (Of Plate)  |          |
| V1/O<br>2  | VEHICLE  | YEAR  | MAKE                               | MODEL   | BODY STYLE   | COLOR   |          |
|  |  | Unknown   | Unknown body                       | unknown   | ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$  |   |          |
| V2/O<br>2  | VEHICLE ID NO. (VIN)   | Unknown   |                                    |   | INSURANCE COMPANY  | Unknown   |          |
|  |  | TOWED TO  |                                    |   | TOWED BY   | POLICY NO.  |          |
| VEHICLE NO. 2  |  |   |                                    |   |  |   |          |
| I<br>1   | DRIVER LICENSE NO.   | Parked  |                                    |   | STATE (Of License)   | SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE       |          |
| V1/P<br>8  | DRIVER   |   |                                    | PHONE   | LOCAL NO.  |   |          |
| V2/P<br>7  | Parked   |   |                                    | CITY, STATE, ZIP  | DATE OF BIRTH (MM / DD / YYYY)   |   |          |
| J<br>01  | OWNER  |   |                                    | PHONE   | LOCAL NO.  |   |          |
| BRIAN T OCONNELL (DOB 09-03-1989) 402-450-5332   |  |   |                                    |   |  |   |          |
| OWNER ADDRESS  |  |   |                                    |   |  |   |          |
| 419 Mormon Trail, Lincoln, NE 68512  |  |   |                                    |   |  |   |          |
| CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO      |  |   |                                    |   |  |   |          |
| CITATION NO.   |  |   |                                    |   |  |   |          |
| V1/Q<br>4  | LICENSE PLATE PA NO.   | TVU654  |                                    |   | YEAR (Plate Expires)   | STATE (Of Plate)  |          |
| V2/Q<br>3  | VEHICLE  | YEAR  | MAKE                               | MODEL   | BODY STYLE   | COLOR   |          |
|  |  | 2012  | Toyota                             | PRC   | 4 door Sedan   | white   |          |
|  |  | ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 200 |                                    |   |  |   |          |
| K<br>01  | VEHICLE ID NO. (VIN)   | JTDKDTB30C1003808                                       |                                    |   | INSURANCE COMPANY  | American Family Ins   |          |
|  |  | TOWED TO  |                                    |   | TOWED BY   | POLICY NO.  |          |
|  |  |   |                                    |   | 2117810201   |   |          |
| Complete this section for all injured persons<br>(Complete a continuation report, if more than three were injured) |  |   |                                    |   |  |   |          |
| VEH. #   | NAME   | ADDRESS   |                                    |   | DATE OF BIRTH (MM / DD / YYYY)   | 1 2 3 4 5 SEX<br>Seat Position Eject Body Region Injury Sev. Trans. M F |          |
|  |  | LOCAL NO.   | MEDICAL FACILITY NAME              | EMS SERVICE NAME  | EMS RUN REPORT NO.   |   |          |
| VEH. #   | NAME   | ADDRESS   |                                    |   |  |   |          |
|  |  | LOCAL NO.   | MEDICAL FACILITY NAME              | EMS SERVICE NAME  | EMS RUN REPORT NO.   |   |          |
| VEH. #   | NAME   | ADDRESS   |                                    |   |  |   |          |
|  |  | LOCAL NO.   | MEDICAL FACILITY NAME              | EMS SERVICE NAME  | EMS RUN REPORT NO.   |   |          |

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow

POI

$$\text{AGL} = 1'9$$


DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

|           |                |            |         |         |                              |
|-----------|----------------|------------|---------|---------|------------------------------|
| PROPERTY  | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE   | APPROX. COST OF DAMAGE<br>\$ |
|           | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE   | APPROX. COST OF DAMAGE<br>\$ |
| WITNESSES | NAME           |            |         | ADDRESS | PHONE                        |
|           | NAME           |            |         | ADDRESS | PHONE                        |

| VEHICLE MOVEMENT BEFORE COLLISION                  |    |   |   |                                  | POINT OF IMPACT AND MOST DAMAGED AREA<br>(Enter numbers for each vehicle) |  |  |   | AIRBAG DEPLOYED VEHICLE 1 |   | RESTRAINT USE VEHICLE 1   |    | TOTAL OCCUPANTS  |  | VEH 1   | 1            | VEH 2        | 0            |   |                              |  |
|--|----|---|---|----------------------------------|---|--|--|---|---------------------------|---|---|----|--|--|---|--------------|--------------|--------------|---|------------------------------|--|
| VEH NO.  | N  | S | E | W                                | ROAD OR HIGHWAY NAME  |  |  |   |                           |   |   |    |  |  |   |              |              |              |   |                              |  |
| 1  |    |   | X |                                  | 400 Blk of Morn   |  |  |   | VEHICLE 1                 |   | VEHICLE 2   |    | ALCOHOL TESTING  |  | Driver No. 1  | Driver No. 2 | Pedestrian   |              |   |                              |  |
| 2  |    |   | X |                                  | 400 Blk of Mo   |  |  |   | POINT OF IMPACT           | 02  | POINT OF IMPACT   | 06 | ALCOHOL LEVEL TESTED   |  | Y   |              | Y            |              | Y |                              |  |
| 1  | 13 |   |   |                                  | 06 Turning left<br>07 Making U-turn                                       |  |  |   | MOST DAMAGED AREA         | 02  | MOST DAMAGED AREA   | 06 | BAC LEVEL  |  |   |              |              |              |   |                              |  |
| 2  | 10 |   |   |                                  | 08 Entering traffic lane  |  |  |   |                           |   | 01 None<br>02 Top & windows<br>03 Backing<br>04 Undercarriage<br>05 Total (all areas)<br>06 Other<br>07 Other<br>08 Unknown |    | 1 None used - vehicle occupant<br>2 Lap & shoulder belt used<br>3 Shoulder belt only used<br>4 Lap belt only used<br>5 Child safety seat used<br>6 Child booster seat used<br>7 DOT approved helmet used<br>8 Costume helmet used<br>9 Restraint use unknown |  | <b>ALCOHOL / DRUGS SUSPECTED</b><br><br>1 Neither alcohol nor drugs suspected<br>2 Yes - alcohol suspected<br>3 Yes - drugs suspected<br>4 Yes - alcohol & drugs suspected<br>5 Unknown |              | Driver No. 1 | Driver No. 2 |   |                              |  |
| 01 Essentially straight ahead                      |    |   |   | 09 Leaving traffic lane          |   |  |  | 5 |                           |   |   |    |  |  |   |              | 1            |              |   |                              |  |
| 02 Backing   |    |   |   | 10 Parked                        |   |  |  |   |                           |   |   |    |  |  |   |              |              |              |   |                              |  |
| 03 Changing lanes                                  |    |   |   | 11 Slowing or stopped in traffic |   |  |  |   |                           |   |   |    |  |  |   |              |              |              |   |                              |  |
| 04 Overtaking/Passing                              |    |   |   | 12 Other                         |   |  |  |   |                           |   |   |    |  |  |   |              |              |              |   |                              |  |
| 05 Turning right                                   |    |   |   | 13 Unknown                       |   |  |  |   |                           |   |   |    |  |  |   |              |              |              |   |                              |  |
| OFFICER NO.<br>1745                                |    |   |   |                                  | TROOP / TEAM / BEAT<br>SW   |  |  |   |                           | DEPARTMENT<br>Lincoln Police Department                     |   |    |  |  | Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |              |              |              |   |                              |  |
| INVESTIGATOR NAME (Print or Type)<br>Kathryn Meade |    |   |   |                                  |   |  |  |   |                           | INVESTIGATOR SIGNATURE<br>Approved by Officer Kathryn Meade |   |    |  |  |   |              |              |              |   | DATE OF REPORT<br>09/13/2015 |  |